

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No 14-RC-213391	Date Filed January 23, 2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer APPEARANCE GROUP, INC.		2b. Address(es) of Establishment(s) involved (street and number, city, state, zip code) 9424 E. 37TH N. 100, WICHITA, KS 67226	
3a. Employer Representative - Name and Title MATT HENRY - MANAGER		3b. Address (if same as 2b - state same) (SAME AS ABOVE)	
3c. Tel. No. 316-208-8015	3d. Cell No.	3e. Fax No. 316-617-6878	3d. E-Mail Address M.HENRY@APPEARANCEGROUP.COM
4a. Type of Establishment (Factory, mine, wholesaler, etc.) AIRCRAFT CLEANING/ DETAIL		4b. Principal product or service METAL AND PLASTIC POLISH	
		5a. City and State where unit is located: WICHITA, KS	

5b. Description of Unit Involved Included: POLISH BRITE WORK ON AIRCRAFT		6a. No. of Employees in Unit: 10
Excluded: OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES, MANAGERIAL EMPLOYEES, GUARDS, AND SUPERVISORS, AS DEFINED IN THE ACT.		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One:

☐ 7a. Request for recognition as Bargaining Representative was made on Petition will serve as request for recognition and Employer declined recognition on or about _____ (date) (if no reply received, so state).

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state). NONE		8b. Address N/A	
8c. Tel. No. N/A	8d. Cell No. N/A	8e. Fax No. N/A	8f. E-Mail Address N/A
8g. Affiliation, if any N/A		8h. Date of Recognition or Certification N/A	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) N/A

9. Is there now a strike or picketing at the Employers establishment(s) involved? N/A If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) **NONE**

10a. Name N/A	10b. Address N/A	10c. Tel. No. N/A	10d. Cell No. N/A
		10e. Fax No. N/A	10f. E-Mail Address N/A

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	11b. Election Date(s): 02/08/2018	11c. Election Time(s): 10:00 PM - 11:00 PM	11d. Election Location(s): TEXTRON, MID-CONTINENT BLDG C-7
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12a. Full Name of Petitioner (including local name and number) IAMAW, AFL-CIO	12b. Address (street and number, city, state, and ZIP code) 690 E. LAMAR BLVD., SUITE 580, ARLINGTON, TX 76011
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS, AFL-CIO

12d. Tel. No. 817-505-0100	12e. Cell No.	12f. Fax No. 817-459-0107	12g. E-Mail Address
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title JAMES R. LITTLE - GRAND LODGE SPECIAL REPRESENTATIVE		13b. Address (street and number, city, state, and ZIP code) 690 E. LAMAR BLVD, SUITE 580, ARLINGTON, TX 76011	
13c. Tel. No. 817-505-0100	13d. Cell No. 682-401-7835	13e. Fax No. 817-459-0107	13d. E-Mail Address JLITTLE@IAMAW.ORG

I declare that I have read the above Petition and that the statements are true to the best of my knowledge and belief.

Name (Print) JAMES R. LITTLE	Signature 	Title GRAND LODGE REPRESENTATIVE	DATE 1/22/2018
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942- 43 (Dec 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. **14-RC-213491** Date Filed **January 24, 2018**

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer
Transdev On Demand Inc.

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
1316 E 14th St
MO Kansas City 64106-3405

3a. Employer Representative - Name and Title
Chester Bor

3b. Address (If same as 2b - state same)
1316 E 14th St
MO Kansas City 64106-3405

3c. Tel. No.
(816) 512-6050

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
cbor@kctg.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Transportation

4b. Principal product or service
Paratransit Service

5a. City and State where unit is located:
Kansas City, MO

5b. Description of Unit Involved

Included: See Attached Page 2 for additional details

Excluded: See Attached Page 2 for additional details

6a. No. of Employees in Unit:
105

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☐ **7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).**

☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____ (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
February 15, 2018

11c. Election Time(s):
4:00 a.m. to 7:00 a.m., 11:00 a.m. to 2:00 p.m., and

11d. Election Location(s):
Storage Facility Adjacent to Garage

12a. Full Name of Petitioner (including local name and number)
Jonathan P. Walker Sr.
Amalgamated Transit Union Local 1287

12b. Address (street and number, city, state, and ZIP code)
Suite 46-A 6320 Manchester Avenue
MO Kansas City 64113

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
Amalgamated Transit Union

12d. Tel No.
(816) 361-8400

12e. Cell No.

12f. Fax No.
(816) 361-8497

12g. E-Mail Address
jpwalker105@atu1287.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title
Daniel B. Smith Assistant General Counsel
AMALGAMATED TRANSIT UNION

13b. Address (street and number, city, state, and ZIP code)
10000 New Hampshire Ave
MD Silver Spring 20903-1790

13c. Tel No.
(301) 431-7100

13d. Cell No.
(301) 431-7100

13e. Fax No.
(301) 431-7116

13f. E-Mail Address
dsmith@atu.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)
Daniel B. Smith

Signature
Daniel B. Smith

Title
Assistant General Counsel

Date
01/24/2018 13:46:36

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included

All full-time and regular part-time drivers operating in and out of the Employer's Kansas City, MO facility.

Employees Excluded

All dispatchers, maintenance employees, office clerical employees, managers, and guards and supervisors as defined by the Act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

Date Filed

14-RC-213864

1/29/18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer
Tropicana St. Louis, LLC d/b/a Lumiere Place Casino & Hotels

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
999 North 2nd Street, St. Louis, MO 63102

2c. Employer Representative Name and Title
Carla Shelby, Director of Human Resources

2d. Address (If same as 2b, state same)
same

3c. Tel. No.
(314) 881-7758

3d. Cell No.

3e. Fax No.
(314) 881-7757

3f. E-Mail Address
cshelby@lumiereplace.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Hotel and Casino

4b. Principal product or service
Lodging and Gaming

5a. City and State where unit is located:
St. Louis, MO

6b. Description of Unit Involved
Included: Facility maintenance engineers

Excluded: office clerical, professional employees, supervisors, and guards as defined in the Act

6a. No. of Employees in Unit:
10

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☒ **7a. Request for recognition as Bargaining Representative was made on (Date)** 1-29-18 **and Employer declined recognition on or about (Date) (If no reply received, so state).**

☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).
None

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)
None

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
FEBRUARY 22, 2018

11c. Election Time(s):
5AM-6AM AND 12:30PM-1:30PM

11d. Election Location(s):
LUMIERE CASINO

12a. Full Name of Petitioner (including local name and number)
Operating Engineers Local 148

12b. Address (street and number, city, state, and ZIP code)
11000 Lin Valle Drive, St. Louis, MO 63123

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Union of Operating Engineers

12d. Tel No.
314-865-1300

12e. Cell No.
618-604-9336

12f. Fax No.
314-865-1423

12g. E-Mail Address
eric@luoe148.com

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Eric Mooshegian, Senior Business Representative

13b. Address (street and number, city, state, and ZIP code)
11000 Lin Valle Drive, St. Louis, MO 63123

13c. Tel No.
314-865-1300 x108

13d. Cell No.
618-604-9336

13e. Fax No.
314-865-1423

13f. E-Mail Address
eric@luoe148.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)
ERIC MOOSHEGIAN

Signature
Eric Mooshegian

Title
SR. BUSINESS REPRESENTATIVE

Date
1-29-18

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT


Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 111 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

RECEIVED
NLRB REGION 14
JAN 31 2018

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No 14-RC-216612	Date Filed March 15, 2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION-RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
2a. Name of Employer FLIGHT SAFETY SERVICES CORPORATION		2b. Address(es) of Establishment(s) involved (street and number, city, state, zip code) 53051 HUTCHINSON STREET, BLDG 1094, MCCONELL AFB, KS	
3a. Employer Representative - Name and Title NEIL WHITEMAN		3b. Address (if same as 2b - state same) 10770 E. BRIARWOOD AVE., SUITE 100, CENTENNIAL, CO 801121	
3c. Tel. No. 303-783-3191	3d. Cell No.	3e. Fax No.	3d. E-Mail Address NEIL.WHITEMAN@FLIGHTSAFEY.COM
4a. Type of Establishment (Factory, mine, wholesaler, etc.) FLIGHT SIMULATORS/ PLATFORMS		4b. Principal product or service GOVERNMENT FLIGHT SIM TRAINING	
5a. City and State where unit is located: MCCONNELL AFB, KS		6a. No. of Employees in Unit: 9	
5b. Description of Unit Involved Included: ALL FULL AND REGULAR PART TIME HOURLY EMPLOYEES TO INCLUDE PILOTS, BOOM OPERATORS, SIMULATOR TECHS, ELECTRONIC TECHS, MAINTENANCE TECHS, AERIAL PORT, CARGO LOADING, AND MATERIAL HANDLING WORKING AT MCCONNELL AFB, KS. Excluded: OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES, MANAGERIAL EMPLOYEES, GUARDS, AND SUPERVISORS, AS DEFINED IN THE ACT.		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on <u>Petition will serve as request for recognition</u> and Employer declined recognition on or about _____ (date) (if no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state). NONE		8b. Address N/A	
8c. Tel. No. N/A	8d. Cell No. N/A	8e. Fax No. N/A	8f. E-Mail Address N/A
8g. Affiliation, if any N/A		8h. Date of Recognition or Certification N/A	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) N/A	
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>N/A</u> If so, approximately how many employees are participating? _____ (Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in Item 5b above. (If none, so state) NONE			
10a. Name N/A	10b. Address N/A	10c. Tel. No. N/A	10d. Cell No. N/A
		10e. Fax No. N/A	10f. E-Mail Address N/A
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): 03/28/2018	11c. Election Time(s): 7:00 AM - 8:00 AM		
11d. Election Location(s): BREAK ROOM - FSSC KC-46 FACILITY BLDG 1094, 53051 HUTCHINSON ST. MCCONNELL AFB, KS 67221			
12a. Full Name of Petitioner (including local name and number) IAMAW, AFL-CIO		12b. Address (street and number, city, state, and ZIP code) 690 E. LAMAR BLVD., SUITE 580, ARLINGTON, TX 76011	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS, AFL-CIO			
12d. Tel. No. 817-505-0100	12e. Cell No.	12f. Fax No. 817-459-0107	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title JAMES R. LITTLE - GRAND LODGE SPECIAL REPRESENTATIVE		13b. Address (street and number, city, state, and ZIP code) 690 E. LAMAR BLVD, SUITE 580, ARLINGTON, TX 76011	
13c. Tel. No. 817-505-0100	13d. Cell No. 682-401-7835	13e. Fax No. 817-459-0107	13d. E-Mail Address JLITTLE@IAMAW.ORG
I declare that I have read the above Petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) JAMES R. LITTLE	Signature 	Title GRAND LODGE REPRESENTATIVE	DATE 3/14/2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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FORM NLRB-502 (RC)
(4-15)UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
14-RC-217329Date Filed
March 28, 2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Nestle Purina Pet Care		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 13900 N. Lincoln Blvd., Edmond, OK 73013	
3a. Employer Representative - Name and Title Jacob Stieber - Human Resources Manager		3b. Address (If same as 2b - state same) Same as above	
3c. Tel. No. (405) 753-8640	3d. Cell No. N/A	3e. Fax No. (405) 748-8484	3f. E-Mail Address Jacob.stieber@purina.nestle.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Factory		4b. Principal product or service Pet Food	
5a. Description of Unit Involved Included: All Full-Time and Part-Time Quality Assurance Employees Only Excluded: All other employees including Temporary, Professional, Office Clerical, Managers, Guards and Supervisors as defined in the ACT.		5b. City and State where unit is located. Edmond OK	

6a. No. of Employees in Unit 14	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state) NA		8b. Address	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any NA		8h. Date of Recognition or Certification NA	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? **NA** If so, approximately how many employees are participating? _____
(Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name NA	10b. Address NA	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail

11b. Election Date(s) April 17, 2018	11c. Election Time(s) 6:30am to 7:30am & 2:30pm to 3:30pm	11d. Election Location(s) 13900 N. Lincoln Blvd. Edmond, OK 73013 (Golden Retriever Room)
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12a. Full Name of Petitioner (including local name and number) Bakery, Confectionery, Tobacco Workers and Grain Millers, Intl Union, AFL-CIO Local No. 366G	12b. Address (street and number, city, state, and ZIP code) P.O. Box 7323, Edmond OK 73083-7323
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Bakery, Confectionery, Tobacco Workers and Grain Millers, International Union, AFL-CIO, CLC

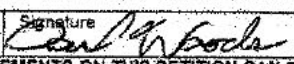
12d. Tel. No.	12e. Cell No. (405) 638-7854	12f. Fax No.	12g. E-Mail Address bctgmlocal366G@gmail.com
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.	
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13a. Name and Title David Woods - International Rep	13b. Address (street and number, city, state, and ZIP code) P.O. Box 7323, Edmond OK 73083-7323
---	---

13c. Tel. No.	13d. Cell No. (240) 485-8851	13e. Fax No.	13f. E-Mail Address BCTGMDAVID@GMAIL.COM
---------------	--	--------------	--

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.	
--	--

Name (Print) David Woods	Signature 	Title BCTGM International Rep	Date 3-28-18
------------------------------------	--	---	------------------------

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 14-RC-217431	Date Filed 3/29/18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
2a. Name of Employer Jay Wolfe Toyota of West County		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 14700 Manchester Road, Ballwin, MO 63011 St. Louis County	
3a. Employer Representative - Name and Title Jeff Wolfe, CEO		3b. Address (If same as 2b - state same) SAME	
3c. Tel. No. (636) 707-0157	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) New Car Dealership		4b. Principal product or service Service	5a. City and State where unit is located: Ballwin, MO
5b. Description of Unit Involved Included: All full time and regular part time Technicians, Technicians in training, semi-skilled Technicians, and lube rack Technicians who are employed at the employer's facility located at 14700 Manchester Road, Ballwin, MO 63011 Excluded: All other employees including parts department employees, service writers, porters, sales employees, office clerical employees, professional employees, managerial employees, guards and supervisors, as defined by the Act.			6a. No. of Employees in Unit: 24 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state). Petition to serve as request. <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state). None		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>NO</u> If so, approximately how many employees are participating? _____ (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): April 17, 2018	11c. Election Time(s): 10:00 a.m. - 11:00 a.m.	11d. Election Location(s): Lunchroom	
12a. Full Name of Petitioner (including local name and number) District Lodge 9, International Association of Machinists & Aerospace Workers AFL-CIO		12b. Address (street and number, city, state, and ZIP code) 113 Republic Avenue, Ste. 100, Joliet, IL 60435	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Association of Machinists & Aerospace Workers AFL-CIO			
12d. Tel No. 815-280-6400	12e. Cell No. 630-430-6455	12f. Fax No. 815-280-6345	12g. E-Mail Address rmickschl@iamaw.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Rick Mickschl, Grand Lodge Representative		13b. Address (street and number, city, state, and ZIP code) 113 Republic Avenue, Ste. 100, Joliet, IL 60435	
13c. Tel No. 815-280-6400	13d. Cell No. 630-430-6455	13e. Fax No. 815-280-6345	13f. E-Mail Address rmickschl@iamaw.org
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Rick Mickschl	Signature 	Title Grand Lodge Representative	Date March 29, 2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 *et seq.* The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

14-RC-218113

Date Filed

4/9/18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer
SmithFoods Pacific, Inc.
2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)
20 Midwest Drive
MO Pacific 63069
3a. Employer Representative - Name and Title
Scott Lewis
3b. Address (if same as 2b - state same)
20 Midwest Drive
MO Pacific 63069
3c. Tel. No.
(636) 334-4700
3d. Cell No.
3e. Fax No.
3f. E-Mail Address

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Food Processing
4b. Principal product or service
Process Ingredients for Ice Cream
5a. City and State where unit is located
Pacific MO

5b. Description of Unit Involved
Included: See Attached Page 2 for additional details
Excluded: See Attached Page 2 for additional details
6a. No. of Employees in Unit:
28
6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state).
8b. Address
8c. Tel. No.
8d. Cell No.
8e. Fax No.
8f. E-Mail Address
8g. Affiliation, if any
8h. Date of Recognition or Certification
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name
10b. Address
10c. Tel. No.
10d. Cell No.
10e. Fax No.
10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.
11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
April 28, 2018
11c. Election Time(s):
1:30-3:30 p.m.
11d. Election Location(s):
Employer facility, 20 Midwest Drive, Pacific MO 63069

12a. Full Name of Petitioner (including local name and number)
Jonathan A Byrd
United Food and Commercial Workers, Local Union No. 88
12b. Address (street and number, city, state, and ZIP code)
5730 Elizabeth Ave
MO Saint Louis 63110-2802

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
United Food and Commercial Workers

12d. Tel. No.
(314) 644-6328
12e. Cell No.
(314) 691-3393
12f. Fax No.
(314) 644-3622
12g. E-Mail Address
jbyrd@ufcw88.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title
Daniel M McLaughlin Attorney
Spector, Wolfe, McLaughlin & O'Mara, LLC
13b. Address (street and number, city, state, and ZIP code)
710 S Kirkwood Rd
MO Saint Louis 63122-5929
13c. Tel. No.
(314) 909-0303
13d. Cell No.
(314) 575-6780
13e. Fax No.
(314) 909-0306
13f. E-Mail Address
dan@spectorwolfe.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)
Jonathan A Byrd
Signature
Jonathan A Byrd
Title
Business Representative
Date
04/9/2018 10:05:02

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

DO NOT WRITE IN THIS SPACE

Case

Date Filed

Attachment

Employees Included

All hourly full-time and part-time employees including sanitation, production, maintenance, truck driver and QA.

Employees Excluded

All officers, supervisors and guards as defined by the Act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

Date Filed

14-RC-218238

4/11/18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer
Morrison Foodservice (Christian Hospital Northeast)

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
11133 Dunn Road St. Louis, MO 63136

3a. Employer Representative - Name and Title
Kay Morgan, Food Service Director

3b. Address (If same as 2b - state same)
same

3c. Tel. No.
314-653-5000

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
kay.morgan@bjc.org

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Hospital

4b. Principal product or service
Healthcare

5a. City and State where unit is located:
St. Louis, MO

6b. Description of Unit Involved

Included: Food Service workers to include cooks, dietary, catering, expeditors and dish washers

Excluded: Managers, Supervisors, Security, Human Resources, Administrative/Clerical, Janitors, Interns, Temporary Employees, Confidential employees, Professional Employees as defined by the Act

6a. No. of Employees in Unit:
66

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☒ **7a. Request for recognition as Bargaining Representative was made on (Date)** 04/11/2018 **and Employer declined recognition on or about (Date) (If no reply received, so state).**

☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ **If so, approximately how many employees are participating?** _____
(Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
05/04/18

11c. Election Time(s):

11d. Election Location(s):

12a. Full Name of Petitioner (including local name and number)
LaKenya Roberson, United Food & Commercial Workers Local 655

12b. Address (street and number, city, state, and ZIP code)
300 Weidman Road Ballwin, MO 63011

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
United Food & Commercial Workers

12d. Tel No.
636-736-2782

12e. Cell No.
314-277-1163

12f. Fax No.
636-394-5006

12g. E-Mail Address
lroberson@ufcw655.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding:

13a. Name and Title LaKenya Roberson, Coordinator

13b. Address (street and number, city, state, and ZIP code)
300 Weidman Road Ballwin, MO 63011

13c. Tel No.
636-736-2782

13d. Cell No.
314-277-1163

13e. Fax No.
636-394-5006

13f. E-Mail Address
lroberson@ufcw655.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)
LaKenya Roberson

Signature
LaKenya Roberson

Title
Coordinator/ Organizer

Date
4/11/18

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT, U.S. CODE, TITLE 18, SECTION 1001

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 51 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

RECEIVED
NLRB REGION 14

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

14-RC-218568

Date Filed

April 17, 2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer

Turner Construction

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)

1220 Washington St Ste 100
MO Kansas City 64105-1439

3a. Employer Representative - Name and Title

Jeff Werthmann

3b. Address (If same as 2b - state same)

1220 Washington St Ste 100
MO Kansas City 64105-1439

3c. Tel. No.

(816) 283-0555

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

jwerthmann@tcco.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)

Construction

4b. Principal product or service

Construction Services

5a. City and State where unit is located:

Kansas City, MO

5b. Description of Unit Involved

Included: See Attached Page 2 for additional details

Excluded: See Attached Page 2 for additional details

6a. No. of Employees in Unit:

35

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One:



7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).



7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No _____ If so, approximately how many employees are participating? _____

(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☐ Manual ☐ Mail ☒ Mixed Manual/Mail

11b. Election Date(s):
June 1, 2018

11c. Election Time(s):
6:00 a.m. - 5:00 p.m.

11d. Election Location(s):
All local Turner job sites

12a. Full Name of Petitioner (including local name and number)

Rocky Kloth
St. Louis-Kansas City Carpenters Regional Council

12b. Address (street and number, city, state, and ZIP code)

8955 E 38th Ter
MO Kansas City 64129-1692

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
United Brotherhood of Carpenters and Joiners of America

12d. Tel No.

(816) 931-3414

12e. Cell No.

(816) 898-1181

12f. Fax No.

(816) 931-0675

12g. E-Mail Address

rkloth@carpdc.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title

Martin Warren Walter General Counsel
St. Louis-Kansas City Carpenters Regional Council

13b. Address (street and number, city, state, and ZIP code)

8955 E 38th Ter
MO Kansas City 64129-1692

13c. Tel No.

(816) 931-3414

13d. Cell No.

(913) 710-6487

13e. Fax No.

(816) 931-0675

13f. E-Mail Address

mwalter@carpdc.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)

Martin Warren Walter

Signature

Martin Warren Walter

Title

General Counsel

Date

04/16/2018 12:48:38

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

Employees Included
Carpenter-craft employees

Employees Excluded
All others

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 14-RC-218990	Date Filed 4/24/18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Transdev Service, Inc. d/b/a/ Huntleigh Transportation Service Corporation		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 820 Rosedale Ave Saint Louis MO 63112	
3a. Employer Representative - Name and Title Bonnie Welch HR Manager		3b. Address (if same as 2b - state same) Same	
3c. Tel. No. 314-862-4777	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Shuttles		4b. Principal product or service Transportation	5a. City and State where unit is located: Saint Louis MO

5b. Description of Unit Involved Included: All full time and part-time shuttle drivers at Clayton/Newstead and Rosedale Ave located in Saint Louis MO. Excluded: All other employees dispatchers, customer service service representatives (CSRs), road supervisors, all full-time and part-time receptionists, maintenance clerks, data entry clerks, mechanics, trip editors, payroll coordinators, assistant payroll clerks and cash counters employed by the employer, offsite/contract employees, professional employees, guard and supervisors as defined in the act.	6a. No. of Employees in Unit: 52 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
--	---

Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 4-24-18 and Employer declined recognition on or about _____ (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state).		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	11b. Election Date(s): MAY 18, 2018	11c. Election Time(s):	11d. Election Location(s):
--	--	-------------------------------	-----------------------------------

12a. Full Name of Petitioner (including local name and number) Maria Lagorio, United Food and Commercial Workers Union Local No. 655	12b. Address (street and number, city, state, and ZIP code) 300 Weidman Road Ballwin MO 63011
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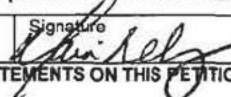
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
United Food and Commercial Workers International Union

12d. Tel No. 636-736-2770	12e. Cell No. 314-478-2121	12f. Fax No. 636-394-5006	12g. E-Mail Address mlagorio@uicw655.org
-------------------------------------	--------------------------------------	-------------------------------------	--

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Maria Lagorio Organizing Coordinator		13b. Address (street and number, city, state, and ZIP code) 300 Weidman Road Ballwin MO 63011	
13c. Tel No. 636-736-2770	13d. Cell No. 314-478-2121	13e. Fax No. 636-394-5006	13f. E-Mail Address mlagorio@uicw655.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Maria Lagorio	Signature 	Title Organizing Coordinator	Date 4-24-2018
--------------------------------------	---	--	--------------------------

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

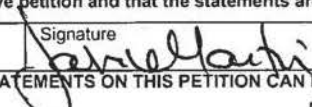
Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

RECEIVED
NLRB REGION 14
APR 24 AM 9:50
SAINT LOUIS, MO 63106

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 4-RC-219195	Date Filed 4-27-18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
2a. Name of Employer Lee Enterprises, Inc. d/b/a The Southern Illinoisan		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 710 N. Illinois Ave., Carbondale, IL 62901	
3a. Employer Representative - Name and Title Craig Rogers, Publisher		3b. Address (If same as 2b - state same) Same as 2b	
3c. Tel. No. 618-351-5038	3d. Cell No.	3e. Fax No.	3f. E-Mail Address craig.rogers@thesouthern.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) News provider		4b. Principal product or service Providing news	5a. City and State where unit is located: Carbondale, IL
5b. Description of Unit Involved Included: all full-time and regular part-time employees in the news and sports sections, including employees with the following titles: news reporter, sports reporter, photographer, copy editor, editorial assistant, and night clerk. Excluded: executive editor, digital editor and sports editor			6a. No. of Employees in Unit: approximately 14 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state). None		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> If so, approximately how many employees are participating? _____ (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): May 14, 2018	11c. Election Time(s): noon to 5 p.m.	11d. Election Location(s): 710 N. Illinois Ave., Carbondale, IL 62901	
12a. Full Name of Petitioner (including local name and number) United Media Guild		12b. Address (street and number, city, state, and ZIP code) 1015 Locust Street, Suite 735, St. Louis, MO 63101	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) The NewsGuild - Communications Workers of America			
12d. Tel No. 314-241-7046	12e. Cell No.	12f. Fax No. 314-241-7459	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Shannon Duffy, Business Representative		13b. Address (street and number, city, state, and ZIP code) 1015 Locust Street, Suite 735, St. Louis, MO 63101	
13c. Tel No. 314-241-7046	13d. Cell No.	13e. Fax No. 314-241-7459	13f. E-Mail Address sduffy@unitedmediaguild.org
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Janine M. Martin	Signature 	Title Attorney	Date 4/27/18

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT, U.S. CODE, TITLE 18, SECTION 1001

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

RECEIVED
NLRB REGION 14
APR 27 2018

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

14-RC-219862

Date Filed

May 8, 2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer

Neuvirth Construction

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)

6505 John J Pershing Dr
NE Omaha 68112-3419

3a. Employer Representative - Name and Title

Frank Neuvirth Sr.

3b. Address (If same as 2b - state same)

6505 John J Pershing Dr
NE Omaha 68112-3419

3c. Tel. No.

(402) 455-2255

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

4a. Type of Establishment (Factory, mine, wholesaler, etc.)

Construction Services

4b. Principal product or service

General Contractor

5a. City and State where unit is located:

Omaha, NE

5b. Description of Unit Involved

Included: See Attached Page 2 for additional details

Excluded: See Attached Page 2 for additional details

6a. No. of Employees in Unit:

7

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One:



7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).



7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).

International Union of Operating Engineers Gerald Alan Dick Jr.

8b. Address

4660 S 60th Ave
NE Omaha 68117-1205

8c. Tel No.

(402) 733-1600

8d. Cell No.

(402) 681-7633

8e. Fax No.

(402) 733-1600

8f. E-Mail Address

gdick@iuoe571.org

8g. Affiliation, if any

Local 571

8h. Date of Recognition or Certification

01/10/2008

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____

(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
As soon as possible

11c. Election Time(s):
work hours

11d. Election Location(s):
Local 571 Training site

12a. Full Name of Petitioner (including local name and number)

Gerald Alan Dick Jr.
Local 571

12b. Address (street and number, city, state, and ZIP code)

4660 S 60th Ave
NE Omaha 68117-1205

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)

International Union of Operating Engineers Local 571

12d. Tel No.

(402) 733-1600

12e. Cell No.

(402) 681-7633

12f. Fax No.

(402) 733-1167

12g. E-Mail Address

gdick@iuoe571.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title

13b. Address (street and number, city, state, and ZIP code)

13c. Tel No.

13d. Cell No.

13e. Fax No.

13f. E-Mail Address

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)

Gerald Alan Dick Jr.

Signature

Gerald Dick Jr

Title

Organizer

Date

05/7/2018 15:34:31

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
Case 14-RC-219862	Date Filed May 8, 2018

Employees Included
Heavy Equipment Operators, Mechanics, & Oilers

Employees Excluded
General Laborers & Truck Drivers

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 14-RC-220729 Date Filed May 23, 2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer PetroChoice		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 601 S. 66th Terrace, Kansas City, Kansas 66111	
3a. Employer Representative - Name and Title Mike Ballard, Director of Operations		3b. Address (If same as 2b - state same) Same as 2b	
3c. Tel. No. 913-287-6880	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Warehouse		4b. Principal product or service Lubricants	
5b. Description of Unit Involved Included: All full-time and regular part-time warehouse employees and drivers. Excluded: All managers, professional employees, office and clerical employees, guards and supervisors as defined in the Act, and all other employees.		5a. City and State where unit is located: Kansas City, Kansas	
		6a. No. of Employees in Unit: 8	
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) n/a and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). None		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> If so, approximately how many employees are participating? _____ (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None			

10a. Name		10b. Address		10c. Tel. No.		10d. Cell No.	
				10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.				11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): June 13, 2018		11c. Election Time(s): 5 a.m. to 8 a.m.		11d. Election Location(s): Break room at Employer's facility			
12a. Full Name of Petitioner (including local name and number) Teamsters Local 41				12b. Address (street and number, city, state, and ZIP code) OVERLAND PARK, MO 66207			
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Teamsters							
12d. Tel No. 816-924-2000 x118		12e. Cell No. 816-739-4165		12f. Fax No. 816-924-2075		12g. E-Mail Address roynixon8@gmail.com	
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.							
13a. Name and Title Rodger Nixon, Organizer/Business Agent				13b. Address (street and number, city, state, and ZIP code) 4501 Emanuel Cleaver II Blvd., Kansas City, Missouri 64130			
13c. Tel No. 816-924-2000 x118		13d. Cell No. 816-739-4165		13e. Fax No. 816-924-2075		13f. E-Mail Address roynixon8@gmail.com	

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Rodger A. Nixon	Signature Rodger A. Nixon	Title Organizing - organizer	Date 5-23-18
---------------------------------	------------------------------	---------------------------------	-----------------

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

Date Filed

14-RC-221143

5/31/18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Jerry Ackerman Toyota **2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)** 3636 South Kings Highway, St. Louis, MO 63109

3a. Employer Representative - Name and Title Jerry Ackerman, Jr., Owner **3b. Address (if same as 2b - state same)** SAME

3c. Tel. No. 314-351-3000 **3d. Cell No.** **3e. Fax No.** 314-351-6114 **3f. E-Mail Address**

4a. Type of Establishment (Factory, mine, wholesaler, etc.) New Car Dealer and Service **4b. Principal product or service** Car Sales and Service **5a. City and State where unit is located:** St. Louis, MO

5b. Description of Unit Involved
Included: All Full-Time and Regular Part-Time technicians including Journeymen and Apprentices who are employed by the above-mentioned employer at their 3636 South Kings Highway, St. Louis facility.
Excluded: All other employees including parts department employees, service writers, porters, sales employees, office clerical employees, professional employees, managerial employees, guards and supervisors, as defined by the Act.
5a. No. of Employees in Unit: 13
6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☒ **7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (if no reply received, so state). Petition to serve as request.**
☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). None **8b. Address**

8c. Tel. No. **8d. Cell No.** **8e. Fax No.** **8f. E-Mail Address**

8g. Affiliation, if any **8h. Date of Recognition or Certification** **8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO If so, approximately how many employees are participating? _____
(Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name **10b. Address** **10c. Tel. No.** **10d. Cell No.**
10e. Fax No. **10f. E-Mail Address**

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. **11a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s): June 20, 2018 **11c. Election Time(s):** 10:00 a.m. - 11:00 a.m. **11d. Election Location(s):** Lunchroom

12a. Full Name of Petitioner (including local name and number) District Lodge 9, International Association of Machinists & Aerospace Workers AFL-CIO **12b. Address (street and number, city, state, and ZIP code)** 113 Republic Avenue, Ste. 100, Joliet, IL 60435

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Association of Machinists & Aerospace Workers AFL-CIO

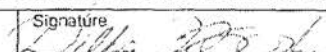
12d. Tel. No. 815-280-6400 **12e. Cell No.** 815-214-4587 **12f. Fax No.** 815-280-6345 **12g. E-Mail Address** wlepinske@iamaw.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Bill LePinske, Special Representative/TOL **13b. Address (street and number, city, state, and ZIP code)** 113 Republic Avenue, Ste. 100, Joliet, IL 60435

13c. Tel. No. 815-280-6400 **13d. Cell No.** 815-214-4587 **13e. Fax No.** 815-280-6345 **13f. E-Mail Address** wlepinske@iamaw.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Bill LePinske **Signature**  **Title** Special Representative/TOL **Date** May 31, 2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the public is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

RECEIVED
NLRB REGION 14
MAY 31 2018

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No

14-RC-221287

Date Filed

June 1, 2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION-RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer
PAE AVIATION AND TECHNICAL SERVICES, LLC

2b. Address(es) of Establishment(s) involved (street and number, city, state, zip code)
5600 AIR CARGO ROAD OKLAHOMA CITY, OK 73159

3a. Employer Representative - Name and Title
DAVID HARVEY- SITE MANAGER

3b. Address (If same as 2b - state same)
6500 WEST FREEWAY, SUITE 301, FORT WORTH, TX 76116

3c. Tel. No.

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

DAVID.HARVEY@PAE.COM

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
SCA

4b. Principal product or service
AIRCRAFT MAINTENANCE

5a. City and State where unit is located:
OKLAHOMA CITY, OK

6b. Description of Unit Involved

Included:
ALL FULL AND REGULAR PART TIME HOURLY EMPLOYEES TO INCLUDE MECHANICS, LEAD MECHANIC, QC INSPECTORS, AVIONICS, AND GSE WORKERS IN OKLAHOMA CITY, OK.

Excluded:
OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES, MANAGERIAL EMPLOYEES, GUARDS, AND SUPERVISORS, AS DEFINED IN THE ACT.

6a. No. of Employees in Unit:

12

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One:

- ☐ 7a. Request for recognition as Bargaining Representative was made on Petition will serve as request for recognition and Employer declined recognition on or about _____ (date) (if no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state).
NONE

8b. Address
N/A

9c. Tel. No.
N/A

9d. Cell No.
N/A

9e. Fax No.
N/A

9f. E-Mail Address
N/A

9g. Affiliation, if any
N/A

9h. Date of Recognition or Certification
N/A

9i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
N/A

9. Is there now a strike or picketing at the Employer's establishment(s) involved? N/A If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in Item 5b above. (if none, so state) NONE

10a. Name
N/A

10b. Address
N/A

10c. Tel. No.
N/A

10d. Cell No.
N/A

10e. Fax No.
N/A

10f. E-Mail Address
N/A

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type:
☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
06/22/2018

11c. Election Time(s):
3:30 PM - 4:00 PM,

11d. Election Location(s):
CONFERENCE ROOM - ROOM #122

12a. Full Name of Petitioner (including local name and number)
IAMAW, AFL-CIO

12b. Address (street and number, city, state, and ZIP code)
690 E. LAMAR BLVD., SUITE 580, ARLINGTON, TX 76011

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS, AFL-CIO

12d. Tel. No.
817-505-0100

12e. Cell No.

12f. Fax No.
817-459-0107

12g. E-Mail Address

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title
JAMES R. LITTLE - GRAND LODGE SPECIAL REPRESENTATIVE

13b. Address (street and number, city, state, and ZIP code)
690 E. LAMAR BLVD, SUITE 580, ARLINGTON, TX 76011

13c. Tel. No.
817-505-0100

13d. Cell No.
682-401-7835

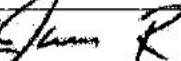
13e. Fax No.
817-459-0107

13f. E-Mail Address
JLITTLE@IAMAW.ORG

I declare that I have read the above Petition and that the statements are true to the best of my knowledge and belief.

Name (Print)
JAMES R. LITTLE

Signature



Title
GRAND LODGE REPRESENTATIVE

DATE

06/01/2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No

14-RC-222107

Date Filed

June 15, 2016

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION-RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer
FLIGHT SAFETY INTERNATIONAL

2b. Address(es) of Establishment(s) involved (street and number, city, state, zip code)
ALTUS AFB, BLDG. 174, ALTUS, OK

3a. Employer Representative - Name and Title
NEIL WHITEMAN - VP & SENIOR COUNSEL

3b. Address (If same as 2b - state same)
10770 E. BRIARWOOD AVE., SUITE 100, CENTENNIAL, CO 80112

3c. Tel. No.
303-783-3191

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

NEIL.WHITEMAN@FLIGHTSAFETY.COM

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
SCA

4b. Principal product or service
**MAINTAIN SIMULATORS, INSTRUCT PILOTS
BOOM OPERATORS. IT. SCHEDULING**

5a. City and State where unit is located:
ALTUS AFB - ALTUS, OK

5b. Description of Unit Involved

Included:
**ALL FULL AND REGULAR PART TIME HOURLY EMPLOYEES TO INCLUDE THE KC-46 AIRCREW TRAINING SYSTEM
CONTRACT TO INCLUDE PILOT INSTRUCTORS, BOOM OPERATOR INSTRUCTORS, GROUND TRAINING INSTRUCTORS,
MAINTENANCE TECH I, II, AND III, SCHEDULER, MHE HANDLER (K-LOAD DRIVER) WORKING AT ALTUS AFB, OK.**

Excluded:
**OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES, MANAGERIAL EMPLOYEES, GUARDS, AND SUPERVISORS,
AS DEFINED IN THE ACT.**

6a. No. of Employees in Unit:

18

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One:

- ☐ 7a. Request for recognition as Bargaining Representative was made on Petition will serve as request for recognition and Employer declined recognition on or about _____ (date) (if no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state).
NONE

8b. Address
N/A

8c. Tel. No.
N/A

8d. Cell No.
N/A

8e. Fax No.
N/A

8f. E-Mail Address
N/A

8g. Affiliation, if any
N/A

8h. Date of Recognition or Certification
N/A

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
N/A

9. Is there now a strike or picketing at the Employer's establishment(s) involved? N/A If so, approximately how many employees are participating? _____
(Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in Item 5b above. (If none, so state) **NONE**

10a. Name
N/A

10b. Address
N/A

10c. Tel. No.
N/A

10d. Cell No.
N/A

10e. Fax No.
N/A

10f. E-Mail Address
N/A

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type:
☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
07/06/2018

11c. Election Time(s):
8:00 AM - 8:30 AM

11d. Election Location(s):
ALTUS AFB BUILDING 174 - BREAK ROOM

12a. Full Name of Petitioner (including local name and number)
IAMAW, AFL-CIO

12b. Address (street and number, city, state, and ZIP code)
690 E. LAMAR BLVD., SUITE 580, ARLINGTON, TX 76011

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS, AFL-CIO

12d. Tel. No.
817-505-0100

12e. Cell No.

12f. Fax No.
817-459-0107

12g. E-Mail Address

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title
JAMES R. LITTLE - GRAND LODGE SPECIAL REPRESENTATIVE

13b. Address (street and number, city, state, and ZIP code)
690 E. LAMAR BLVD, SUITE 580, ARLINGTON, TX 76011

13c. Tel. No.
817-505-0100

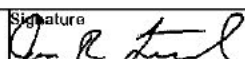
13d. Cell No.
682-401-7835

13e. Fax No.
817-459-0107

13f. E-Mail Address
JLITTLE@IAMAW.ORG

I declare that I have read the above Petition and that the statements are true to the best of my knowledge and belief.

Name (Print)
JAMES R. LITTLE

Signature


Title
GRAND LODGE REPRESENTATIVE

DATE
06/15/2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. **14-RC-222169**

Date Filed

June 15, 2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Baker Petrolite		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 9100 W 21st St, Sand Springs, OK 74063	
3a. Employer Representative - Name and Title Jimmy Vaughn, Plant Manager		3b. Address (If same as 2b - state same) same	
3c. Tel. No. 918-245-2224	3d. Cell No.	3e. Fax No. 918-591-4602	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Chemical Producer		4b. Principal product or service Chemicals	
		5a. City and State where unit is located: Sand Springs, OK	
5b. Description of Unit Involved Included: All full-time and regular part-time production and maintenance employees, including lab technicians employed by the Employer at its facility located at 9100 W 21st, Sand Springs, OK 74063 Excluded: All other employees, professional employees, office clerical employees, guards and supervisors as defined in the Act			6a. No. of Employees in Unit: 67 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) **6/11/18** and Employer declined recognition on or about _____ (Date) (If no reply received, so state). **No reply**
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). None		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	

9. Is there now a strike or picketing at the Employer's establishment(s) involved? **No** If so, approximately how many employees are participating? _____
(Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)


10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): Monday, July 9, 2018	11c. Election Time(s): 5:00 p.m.-7:00 p.m.	11d. Election Location(s): Employee Breakroom	
12a. Full Name of Petitioner (including local name and number) International Association of Bridge, Structural, Ornamental & Reinforcing Iron Workers Local Union 584		12b. Address (street and number, city, state, and ZIP code) 14716 East Pine, Tulsa, OK 74116	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Association of Bridge, Structural, Ornamental & Reinforcing Iron Workers			
12d. Tel No. 918-437-1446	12e. Cell No. 904-238-6495	12f. Fax No. 918-437-1436	12g. E-Mail Address ejones@iwinl.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Edward Jones, Organizer		13b. Address (street and number, city, state, and ZIP code) 14716 East Pine, Tulsa, OK 74116	
13c. Tel No.	13d. Cell No. 904-238-6495	13e. Fax No.	13f. E-Mail Address

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Edward Jones	Signature 	Title Organizer	Date 6-14-18
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
14-RC-223491

Date Filed
July 11, 2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Professional Contract Services, Inc. (PCSI)		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)	
3a. Employer Representative - Name and Title Carroll Schubert, President and CEO		3b. Address (If same as 2b - state same) 718 Farm to Market 1626 #100, Austin, TX 78748	
3c. Tel. No. (512) 358-8887	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Service contractor		4b. Principal product or service Maintenance	
5a. City and State where unit is located: Fort Sill, Oklahoma		5b. Description of Unit Involved Included: All full-time and regular part-time HVAC Mechanics (less than 20 tons), HVAC Mechanics (greater than 20 tons), Electronics Technician II, Electronic Technician III (lead), Fire Alarm Systems Mechanic, Boiler Tender, Boiler Tender Lead, and Welders Excluded: Office clerical employees, professional employees, managerial employees, guards and supervisors as defined in the Act, and all other employees.	
6a. No. of Employees in Unit: Approx. 28		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) N/A and Employer declined recognition on or about N/A (Date) (If no reply received, so state) N/A
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). N/A		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)			

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	11b. Election Date(s): July 25, 2018	11c. Election Time(s):	11d. Election Location(s): Fort Sill
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12a. Full Name of Petitioner (including local name and number)
Plumbers and Pipefitters Local 344

12b. Address (street and number, city, state, and ZIP code)
4335 SW 44th Street, Oklahoma City, OK 73119

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
United Association of Journeymen and Apprentices of the Plumbing and Pipe Fitting Industry of the United States and Canada, AFL-CIO

12d. Tel No. (405) 692-4571	12e. Cell No.	12f. Fax No. (405) 682-1327	12g. E-Mail Address
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Francisco Lopez		13b. Address (street and number, city, state, and ZIP code) 4335 SW 44th Street, Oklahoma City, OK 73119	
13c. Tel No. (405) 692-4571	13d. Cell No. (405) 435-0758	13e. Fax No.	13f. E-Mail Address flopez@uanet.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Frank Lopez	Signature 	Title Organizer	Date 7-9-18
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

Date Filed

14-RC-223993

7-19-18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

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2a. Name of Employer Railcrew Xpress		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 9867 Widmer Road, Lenexa, KS 66215	
3a. Employer Representative - Name and Title Brian O'Hara- President and Chief Executive Officer		3b. Address (if same as 2b - state same) SAME	
3c. Tel. No. 913-928-5000	3d. Cell No.	3e. Fax No. 913-928-5016	3f. E-Mail Address brian.ohara@railcrewxpress.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Transportation		4b. Principal product or service Transportation Services	5a. City and State where unit is located: Jefferson City, MO
5b. Description of Unit Involved Included: All full-time and regular part-time road drivers, yard drivers employed by the employer at or out of the Jefferson City, MO rail-yard Excluded: All office clerical employees, guards, and professional employees and supervisors as defined in the Act.			6a. No. of Employees in Unit: 7 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 07/18/18 and Employer declined recognition on or about 7/18/18 (Date) (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state). None		8b. Address	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	11d. Election Location(s): Mail Ballot
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11b. Election Date(s): July 30 through August 3	11c. Election Time(s):	12a. Full Name of Petitioner (including local name and number) International Association of Sheet Metal, Air, Rail and Transportation Workers (SMART) Local 36	12b. Address (street and number, city, state, and ZIP code) 2319 Chouteau Avenue, St. Louis, MO 63103
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Association of Sheet Metal, Air, Rail and Transportation Workers (SMART) Local 36			

12d. Tel. No. 314-371-2800	12e. Cell No. 573-821-8733	12f. Fax No. N/A	12g. E-Mail Address kharmon@sheetmetal36.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Kristopher G. Harmon Business Representative	13b. Address (street and number, city, state, and ZIP code) P.O.Box 471, Fulton, MO. 65251
13c. Tel. No. 573-642-1833	13d. Cell No. 573-821-8733
13e. Fax No. N/A	13f. E-Mail Address kharmon@sheetmetal36.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Kristopher G. Harmon	Signature 	Title Business Representative	Date 7/19/2018
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

RECEIVED
JUL 19 AM 11:14
ST. LOUIS, MO 63103

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

14-RC-224185

Date Filed

7/23/18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Jerry Ackerman Toyota		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 3636 S Kingshighway Blvd, St. Louis, MO 63109	
3a. Employer Representative - Name and Title: Jerry Ackerman, Owner		3b. Address (if same as 2b - state same):	
3c. Tel. No. 314.351.3000	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.): Dealership		4b. Principal Product or Service Car Dealership	5a. City and State where unit is located: St. Louis
5b. Description of Unit Involved: Included: All full-time and regular part-time parts department employees and drivers/porters Excluded: Office clerical employees, managers, supervisors, temporary employees, confidential e			6a. Number of Employees in Unit 10 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state) None		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____ has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): August 13, 2018		11c. Election Time(s): 10:30 a.m. - 11:30 a.m.	
11d. Election Location(s): Breakroom			
12a. Full Name of Petitioner (including local name and number): Automotive, Petroleum, Allied Industries and Airline Employees Union Local No. 618		12b. Address (street and number, city, State and ZIP code): Local 618 - Suite A 9040 Lackland Road, Overland, MO 63114	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Teamsters			
12d. Tel. No. 314.426 4618	12e. Cell No.	12f. Fax No. 314.426.4339	12g. E-Mail Address jralocal618@live.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Jason Asher, Recording Secretary		13b. Address (street and number, city, State and ZIP code): Local 618 - Suite A 9040 Lackland Road, Overland, MO 63114	
13c. Tel. No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Jason Asher	Signature 	Title Recording Secretary	Date 7/23/18

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

14-RC-224717

Date Filed

8/1/18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Georgian Gardens		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1 Georgian Gardens Drive, Potosi, MO 63664	
3a. Employer Representative - Name and Title: Joseph Shafer, Manager of Operations		3b. Address (if same as 2b - state same): Same as 2b	
3c. Tel. No. (573) 438-6261	3d. Cell No.	3e. Fax No. (573) 438-2807	3f. E-Mail Address jshafer@advantagehcm.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Nursing Home		4b. Principal Product or Service Resident Care	5a. City and State where unit is located: Potosi, MO
5b. Description of Unit Involved: Included: All licensed practical nurses Excluded: Office clerical, and professional employees, PRN LPNs, registered nurses, and supervisors as defined in the Act.			6a. Number of Employees in Unit: 5 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>June 21, 2018</u> and Employer declined recognition on or about (Date) <u>no response</u> (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state) None		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): August 23, 2018	11c. Election Time(s): 6 p.m. - 8 p.m.	11d. Election Location(s): Georgian Gardens	
12a. Full Name of Petitioner (including local name and number): SEIU Healthcare MO and KS, a division of SEIU Healthcare Illinois/Indiana		12b. Address (street and number, city, State and ZIP code): 5585 Pershing Avenue, Suite 230, St. Louis, MO 63112	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Service Employees International Union (SEIU)			
12d. Tel. No. (314) 533-3633	12e. Cell No. (314) 368-9821	12f. Fax No. (314) 361-3266	12g. E-Mail Address lenny.jones@seiuuhcks.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Amanda K. Hansen, Attorney		13b. Address (street and number, city, State and ZIP code): 1221 Locust Street, 2nd Floor, St. Louis, MO 63103-2364	
13c. Tel. No. (314) 621-2626	13d. Cell No. (314) 479-3399	13e. Fax No. (314) 621-2378	13f. E-Mail Address akh@schuchatcw.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Amanda K. Hansen	Signature 	Title Attorney	Date 08/01/18

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

14-RC-225463

Date Filed

8-6-18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Virbac		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 13001 St Charles Rock Rd, Bridgeton MO Bridgeton 63044-	
3a. Employer Representative - Name and Title Sara Carey		3b. Address (If same as 2b - state same) 13001 St Charles Rock Rd, Bridgeton MO Bridgeton 63044-	
3c. Tel. No. (314) 291-6270	3d. Cell No.	3e. Fax No.	3f. E-Mail Address sara.carey@virbacuc.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Others		4b. Principal product or service Animal Health Products	
		5a. City and State where unit is located: Bridgeton, MO	

5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details		6a. No. of Employees in Unit: 70
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)
International Longshoremen 1765

10a. Name Carlos Brown I Union Representative	10b. Address 6025 chippewa MO St louis 63109-	10c. Tel. No. (314) 752-5848	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address carlos1765@ila-stl.org

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	11b. Election Date(s): 8/28/18	11c. Election Time(s): 230pm 330pm	11d. Election Location(s): 13001 St Charles Rock Rd, Bridgeton Mo, 63044
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12a. Full Name of Petitioner (including local name and number) Mike Schlueter Mike Schlueter	12b. Address (street and number, city, state, and ZIP code) 4349 Woodson Rd Ste 200 MO Saint Louis 63134-3719
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Brotherhood of Teamsters

12d. Tel No. (314) 513-5813	12e. Cell No.	12f. Fax No. (314) 426-4450	12g. E-Mail Address Mschlueter@688online.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title		13b. Address (street and number, city, state, and ZIP code)	
13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Mike Schlueter	Signature Mike Schlueter	Title Business Representative	Date 08/6/2018 09:51
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

RECEIVED
NLRB REGION 14
SAINT LOUIS, MO 63108
2018 AUG -6 AM 10:58

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
14-RC-225015	8-6-18

Employees Included
Production

Employees Excluded
Quality Control, Research and Development, Quality Assurance, Maintenance,
Supervisor /Management, Office Personnel, Temporarys, Seasonals, Guards, as defined
in the act.

RECEIVED
MLRB REGION 14
2018 AUG-6 AM 10:59
SAINT LOUIS, MO 63103

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.	14-RC-225796	Date Filed	August 17, 2018
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INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer Apple Bus Company		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 230 E Main St PO Box 155 MO Cleveland 64734-9029	
3a. Employer Representative - Name and Title Mike Oyster		3b. Address (If same as 2b - state same) 230 E Main St PO Box 155 MO Cleveland 64734-9029	
3c. Tel. No. (816) 618-3310	3d. Cell No.	3e. Fax No.	3f. E-Mail Address mike.oyster@applebuscompany.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Transportation		4b. Principal product or service Bus Transportation	
4c. City and State where unit is located: Saint Joseph, MO		5a. City and State where unit is located: Saint Joseph, MO	
5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details			6a. No. of Employees in Unit: 70 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 08/16/2018 and Employer declined recognition on or about 08/16/2018 (Date) (If no reply received, so state). Yes
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No ☒ If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s): September 17, 2018 **11c. Election Time(s):** 6:00am to 12:00pm **11d. Election Location(s):** Driver's Room - Employer's facility located at 4713 St. Joseph Ave., St. J

12a. Full Name of Petitioner (including local name and number)
Jerry Wood
International Brotherhood of Teamsters, Local Union No. 955 **12b. Address (street and number, city, state, and ZIP code)**
4501 Emanuel Cleaver II Blvd
MO Kansas City 64130

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Brotherhood of Teamsters

12d. Tel No. (816) 923-3500	12e. Cell No.	12f. Fax No. (816) 923-1948	12g. E-Mail Address jwood@kcteamsters.com
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Michael E. Amash Attorney Blake & Uhlig, P.A.		13b. Address (street and number, city, state, and ZIP code) 753 State Ave Ste 475 KS Kansas City 66101-	
13c. Tel No. (913) 321-8884	13d. Cell No.	13e. Fax No. (913) 321-2396	13f. E-Mail Address mea@blake-uhlig.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Michael E. Amash	Signature Michael E. Amash	Title Attorney	Date 08/16/2018 14:41:57
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included

All full-time and regular part-time Drivers, Monitors and Mechanics employed out of the Company's St. Joseph Missouri Location

Employees Excluded

All yardmen, aides, clerical employees, foremen, dispatchers, managers, guards and supervisors as defined in the Act

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 14-RC-226287	Date Filed 8/27/18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Durham School Services		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 250 Miller Ct., Carbondale, IL 62901	
3a. Employer Representative - Name and Title Bryon Poston, General Manager		3b. Address (if same as 2b - state same) same	
3c. Tel. No. 618-549-2877	3d. Cell No.	3e. Fax No.	3f. E-Mail Address bposton@durhamschoolservices.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) School bus transportation		4b. Principal product or service transporting students	
5a. City and State where unit is located: Carbondale, IL		5b. Description of Unit Involved Included: All regular full time and regular part-time monitors/aides employed at the Carbondale facility. Excluded: All supervisors, drivers, drivers in training, mechanics, dispatchers, and clerical employees.	
6a. No. of Employees in Unit: 23		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) **8/27/2018** and Employer declined recognition on or about **8/27/2018** (Date) (If no reply received, so state). **Refused.**
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state).		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? **NO** If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.
11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail
11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s):

12a. Full Name of Petitioner (including local name and number)
Teamster Local #50
12b. Address (street and number, city, state, and ZIP code)
1609 North Illinois St., Swansea, IL 62226-3947

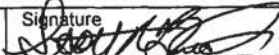
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Brotherhood of Teamsters

12d. Tel No. 716-310-9734	12e. Cell No. 716-310-9734	12f. Fax No.	12g. E-Mail Address teamsterbusch74@gmail.com
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Scott R. Busch		13b. Address (street and number, city, state, and ZIP code) 1609 North Illinois St., Swansea, IL 62226-3947	
13c. Tel No. 716-310-9734	13d. Cell No. 716-310-9734	13e. Fax No.	13f. E-Mail Address teamsterbusch74@gmail.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Scott R. Busch	Signature 	Title Organizer	Date 8/27/2018
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

RECEIVED
2018 AUG 27 AM 10:10
NLRB REGIONAL OFFICE
ST. LOUIS, MO 63103

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

14-RC-226288

Date Filed

August 27, 2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Case New Holland	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 3301 South Hoover Road
3a. Employer Representative - Name and Title: Jeffery Bolander Plant manager	3b. Address (if same as 2b - state same): 3301 South Hoover Road

3c. Tel. No. 316-945-0111	3d. Cell No.	3e. Fax No.	3f. E-Mail Address jeffery.bolander@cnhind.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Factory	4b. Principal Product or Service Skid Steers	5a. City and State where unit is located: Wichita Kansas
---	--	--

5b. Description of Unit Involved: Included: All full time, part time maintenance & production hourly employees see attacher Excluded: All other employees, professional, guards & supervisors as defined by the act	6a. Number of Employees in Unit: 355	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	--	---

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 8-27-18 and Employer declined recognition on or about (Date) no reply (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state)	8b. Address:
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8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any:	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? No ☒ If so, approximately how many employees are participating? _____
(Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: **11a. Election Type:**
☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s): September 12th, 2018	11c. Election Time(s): 5:30-9:30 AM and 5-8 PM	11d. Election Location(s): New hire training room by maintenance
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12a. Full Name of Petitioner (including local name and number): International UAW	12b. Address (street and number, city, State and ZIP code): 721 Dunn Road, Hazlewood, MO, 63042
---	---

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
International Union, United Automobile, Aerospace and Agricultural Implement Workers of America

12d. Tel. No. 314-680-1417	12e. Cell No. 314-680-1417	12f. Fax No. 314-731-2729	12g. E-Mail Address ssy1859@gmail.com
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title: Clint McGill, UAW Organizer	13b. Address (street and number, city, State and ZIP code): 721 Dunn Road, Hazlewood, MO, 63042
--	---

13c. Tel. No. 314-680-1417	13d. Cell No. 314-680-1417	13e. Fax No. 314-731-2729	13f. E-Mail Address ssy1859@gmail.com
--------------------------------------	--------------------------------------	-------------------------------------	---

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Clint McGill	Signature 	Title UAW organizer	Date 08/27/18
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

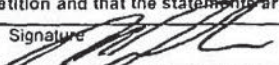
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 14-RC-227993	Date Filed September 25, 2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
2a. Name of Employer Vend-tech Enterprise, LLC / PBP Management Group, Inc., as single and or joint employers		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1980 Denison Ave. Manhattan Kansas 66502	
3a. Employer Representative - Name and Title Darrius Wright / Chris Lee		3b. Address (If same as 2b - state same) 250 N. Rock Road, Ste 360, Wichita, KS 67206 / 2102 East 21st St North Suite C, Wichita KS 67214	
3c. Tel. No. 316-689-8650 / 316-262-2900	3d. Cell No. NA	3e. Fax No. NA	3f. E-Mail Address darrius@vendtechenterprise.com / clee@pbpmgmtgroup.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) US Government Lab		4b. Principal product or service Security	
5a. City and State where unit is located: Manhattan KS		6a. No. of Employees in Unit: 16	
5b. Description of Unit Involved Included: all fulltime and part time armed and unarmed security officers employed by the employer Excluded: clerical, managerial, salaried, and supervisory personnel as defined by the act		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) NA and Employer declined recognition on or about NA (Date) (If no reply received, so state). NA <input checked="" type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state). NA		8b. Address NA	
8c. Tel No. NA	8d. Cell No. NA	8e. Fax No. NA	8f. E-Mail Address NA
8g. Affiliation, if any NA		8h. Date of Recognition or Certification NA	
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) NA			
9. Is there now a strike or picketing at the Employer's establishment(s) involved? NA If so, approximately how many employees are participating? NA (Name of labor organization) NA has picketed the Employer since (Month, Day, Year) NA			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) NA			
10a. Name NA		10b. Address NA	
10c. Tel. No. NA		10d. Cell No. NA	
10e. Fax No. NA		10f. E-Mail Address NA	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.			
11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail		11b. Election Date(s): first available	
11c. Election Time(s): NA		11d. Election Location(s): NA	
12a. Full Name of Petitioner (Including local name and number) United Government Security Officers of America and its Local 298		12b. Address (street and number, city, state, and ZIP code) 2879 Cranberry Highway East Wareham, MA 02538	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) United Government Security Officers of America International Union			
12d. Tel No. 617-620-7225	12e. Cell No. 617-620-7225	12f. Fax No. NA	12g. E-Mail Address Mleblanc@ugsoa.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Mike LeBlanc DHS Vice President UGSOA International Union		13b. Address (street and number, city, state, and ZIP code) 2879 Cranberry Highway East Wareham, MA 02538	
13c. Tel No. 617-620-7225	13d. Cell No. 617-620-7225	13e. Fax No. NA	13f. E-Mail Address Mleblanc@ugsoa.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Mike LeBlanc	Signature 	Title DHS Vice President UGSOA International Union	Date 09/24/18

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

14-RC-228236

Date Filed

September 28, 2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer:
Kurtz Industrial Fire Service

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
900 S Central Avenue, Roxanna, IL 62084

3a. Employer Representative - Name and Title:
Jerod Kampwerth

3b. Address (if same as 2b - state same):
same

3c. Tel. No.

3d. Cell No.

3e. Fax No.

618-225-4320

3f. E-Mail Address

jerod.a.kampwerth@contractor.p66.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.):
EMS Service

4b. Principal Product or Service
Emergency Services

5a. City and State where unit is located:
Roxanna, IL

5b. Description of Unit Involved:

Included:

All full-time and regular part-time paramedics, fire fighters and EMS employees

Excluded:

6a. Number of Employees in Unit:
10

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? ☒ Yes ☐ No

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) petition is request and Employer declined recognition on or about (Date) (If no reply received, so state).

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state):
None

8b. Address:

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any:

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating?

(Name of Labor Organization)

, has picketed the Employer since (Month, Day, Year)

10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

None

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: any such election

11a. Election Type:

☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):

10/23/18 and 10/24/18

11c. Election Time(s):

5pm-6pm

11d. Election Location(s):

Employee breakroom

12a. Full Name of Petitioner (including local name and number):

Teamsters Local 525

12b. Address (street and number, city, State and ZIP code):

830 East Broadway, Alton, IL 62002

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):

International Brotherhood of Teamsters

12d. Tel. No.

12e. Cell No.

618-781-7309

12f. Fax No.

12g. E-Mail Address

bwessel525@gmail.com

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title:

Brett Wessel, Vice President

13b. Address (street and number, city, State and ZIP code):

830 East Broadway, Alton, IL 62002

13c. Tel. No.

13d. Cell No.

618-781-7309

13e. Fax No.

13f. E-Mail Address

bwessel525@gmail.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)

Brett Wessel

Signature



Title

VP / BA

Date

9/27/18

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

14-RC-228962

Date Filed

10/11/18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Sensory Effects		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 231 Rock Industrial Park Dr MO Bridgeton 63044-1249	
3a. Employer Representative - Name and Title latisha Smiyh		3b. Address (If same as 2b - state same) 231 Rock Industrial Park Dr MO Bridgeton 63044-1249	
3c. Tel. No. (314) 291-5444	3d. Cell No.	3e. Fax No. (314) 291-3289	3f. E-Mail Address ltsmith@balchem
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Food Processing		4b. Principal product or service Flavor Concentrates	
		5a. City and State where unit is located: Bridgeton, MO	

5b. Description of Unit Involved		6a. No. of Employees in Unit: 45
Included: See Attached Page 2 for additional details		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Excluded: See Attached Page 2 for additional details		

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): 10/30/18	11c. Election Time(s): 6 to 7 am and 2 to 3 pm	11d. Election Location(s): Sensory Effects
---	--	--

12a. Full Name of Petitioner (including local name and number) Mike Schlueter Mike Schlueter Teamsters local 688	12b. Address (street and number, city, state, and ZIP code) 4347 Woodson Rd MO Saint Louis 63134-6313
---	--

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Brotherhood of the Teamsters

12d. Tel No. (314) 513-5813	12e. Cell No. (314) 973-6100	12f. Fax No. (314) 426-4450	12g. E-Mail Address Mschlueter@688online.org
---------------------------------------	--	---------------------------------------	--

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title		13b. Address (street and number, city, state, and ZIP code)	
13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Mike schlueter	Signature Mike Schlueter	Title Business Rep	Date 10/11/2018 09:02:26
---------------------------------------	------------------------------------	------------------------------	------------------------------------

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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RECEIVED
NLRB
2018 OCT 11
10:19
103

Attachment

DO NOT WRITE IN THIS SPACE	
Case 14 RC-228942	Date Filed 10/11/18

Employees Included

All full time, machine operators, material Handlers, shipping, receiving, warehouse, makers and wet/dry processing employees at the Employer's Bridgeton, MO facility

Employees Excluded

Temporary, seasonal, office, lab, and professional employees, guards and supervisors, as defined in the act

RECEIVED
NLRB REGION 14
2018 OCT 11 AM 10:19
SAINT LOUIS, MO 63103

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 14-RC-229499	Date Filed October 18, 2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Core Civic		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 100 Highway Terrace, Leavenworth, KS 66048	
3a. Employer Representative - Name and Title Jeff Rainey, Managing Director		3b. Address (If same as 2b - state same) 10 Burton Hills Blvd., Nashville, TN 37215	
3c. Tel. No. 615-263-6641	3d. Cell No.	3e. Fax No.	3f. E-Mail Address jeff.rainey@Corecivic.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Correction-Detention Management		4b. Principal product or service Security	
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Correction-Detention Management		5a. City and State where unit is located: Leavenworth, KS	
5b. Description of Unit Involved Included: ALL FULL-TIME AND PART-TIME ARMED AND UNARMED CORRECTIONAL OFFICERS AND OTHERS PERFORMING SIMILAR GUARD DUTIES AS DEFINED IN SECTION 9(b)(3) OF THE NATIONAL LABOR RELATIONS ACT, EMPLOYED BY CORE CIVIC @ 100 HIGHWAY TERRACE, LEAVENWORTH, KS 66048 Excluded: ALL OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES AND SUPERVISORS AS DEFINED BY THE ACT.			6a. No. of Employees in Unit: 170 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>NO</u> and Employer declined recognition on or about (Date) (If no reply received, so state).	<input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.
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8a. Name of Recognized or Certified Bargaining Agent (If none, so state). NONE		8b. Address	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO If so, approximately how many employees are participating? (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): 11/6/18	11c. Election Time(s): 5:00-7:00 AM & 5:00-7:00 PM	11d. Election Location(s): BREAKROOM
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12a. Full Name of Petitioner (including local name and number) International Union, Security, Police and Fire Professionals of America (SPFPA)	12b. Address (street and number, city, state, and ZIP code) 25510 Kelly Road, Roseville, MI 48066
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Union, Security, Police and Fire Professionals of America (SPFPA)

12d. Tel. No. 586-772-7250 X111	12e. Cell No. 586-872-5634	12f. Fax No. 586-772-9644	12g. E-Mail Address organize@spfpa.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Gordon Gregory, General Counsel	13b. Address (street and number, city, state, and ZIP code) 65 Cadillac Square, Suite 3727, Detroit, MI 48226
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13c. Tel. No. 313-964-5600	13d. Cell No.	13e. Fax No. 313-964-2125	13f. E-Mail Address Gordon@UnionLaw.net
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Dwayne Phillips	Signature <i>Dwayne Phillips</i>	Title ORGANIZING DIRECTOR	Date 10/17/18
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18/SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

14-RC-229538

Date Filed

October 18, 2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer CENTERRA GROUP LLC		2b. Address(es) of Establishment(s) Involved (Street and number, city, State, ZIP code) 7121 FAIRWAY DR ST 301 PALM BEACH GARDENS, FL 33418	
3a. Employer Representative - Name and Title BENJAMIN MORROW, FIRE CHIEF		3b. Address (if same as 2b - state same) 25201 E 78 HWY, BLD 157, INDEPENDENCE MO 64058	
3c. Tel. No. 816-796-7107	3d. Cell No. 816-274-2276	3e. Fax No.	3f. E-Mail Address BENJAMIN.MORROW@NGC.COM
4a. Type of Establishment (Factory, mine, wholesaler, etc.) FIRE DEPARTMENT		4b. Principal product or service FIRE PROTECTION/EMS	
5a. City and State where unit is located: INDEPENDENCE, MO		5b. Description of Unit Involved Included: SEE ATTACHMENT Excluded:	
6a. No. of Employees in Unit: 3		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state). NONE		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? **NO** If so, approximately how many employees are participating? **N/A**
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)
NONE

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): 5-10 DAYS FROM DATE OF FILING	11c. Election Time(s): 10AM-1PM	11d. Election Location(s): WELCOME CENTER
12a. Full Name of Petitioner (including local name and number) IAFF I-66		12b. Address (street and number, city, state, and ZIP code)


12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
IAFF

12d. Tel No. 816-606-6917	12e. Cell No. 816-606-6917	12f. Fax No.	12g. E-Mail Address RHESTERBERG@HOTMAIL.COM
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title ROY HESTERBERG VP I-66		13b. Address (street and number, city, state, and ZIP code) 700 NW 19TH ST. BLUE SPRINGS, MO 64015	
13c. Tel No. 816-606-6917	13d. Cell No. 816-606-6917	13e. Fax No.	13f. E-Mail Address RHESTERBERG@HOTMAIL.COM

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) ROY HESTERBERG	Signature 	Title VICE PRESIDENT I-66	Date 10/18/2018
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

ATTACHMENT A

Case 14-RC- 229538

If a majority of valid ballots are cast for IAFF I-66, they will be taken to have indicated the employees' desire to be included in the existing unit currently represented by the petitioner of:

All full-time Fire Captains employed by the Employer at its facility located at Lake City Army Ammunition Plant; Independence Missouri, but excluding the Fire Chief, office clerical employees, professional employees, guards and supervisors as defined in the ACT.

If a majority of valid ballots are not cast for representation, they will be taken to have indicated the employees' desire to remain unrepresented.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

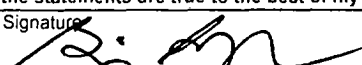
14 RC-230360

Date Filed

11/2/18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Walgreens		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2933 S. Kingshighway Blvd., St. Louis, MO 63139	
3a. Employer Representative - Name and Title: Jason Powers, Store Manager		3b. Address (if same as 2b - state same):	
3c. Tel. No. 314-773-2757	3d. Cell No.	3e. Fax No.	3f. E-Mail Address MGR.05304@store.walgreens.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.)		4b. Principal Product or Service	5a. City and State where unit is located: St. Louis
5b. Description of Unit Involved: Included: Cashiers, Shift Supervisors, Tech-in-Training, Certified Techs, Wellness Ambassadors Excluded: Store Managers, Assistant Store Managers, Pharmacy Managers, Maintenance			6a. Number of Employees in Unit: 18 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state)		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): November 23, 2018	11c. Election Time(s): 12 p.m. to 1 p.m. AND 5-6 p.m.		11d. Election Location(s):
12a. Full Name of Petitioner (including local name and number): United Food Commercial Workers (UFCW) Local 655		12b. Address (street and number, city, State and ZIP code): 300 Weidman Road Ballwin MO 63011	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):			
12d. Tel. No.	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Billy Meyers, Organizing Director		13b. Address (street and number, city, State and ZIP code):	
13c. Tel. No. 636-736-2726	13d. Cell No. 314-853-2123	13e. Fax No. 636-394-5006	13f. E-Mail Address bmeyers@ufcw655.org
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Billy Meyers	Signature 	Title Organizing Director	Date 11/02/18

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

14 RC-230360

Date Filed

11/2/18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Walgreens		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2933 S. Kingshighway Blvd., St. Louis, MO 63139	
3a. Employer Representative - Name and Title: Jason Powers, Store Manager		3b. Address (if same as 2b - state same):	
3c. Tel. No. 314-773-2757	3d. Cell No.	3e. Fax No.	3f. E-Mail Address MGR.05304@store.walgreens.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.)		4b. Principal Product or Service	5a. City and State where unit is located: St. Louis
5b. Description of Unit Involved: Included: Cashiers, Shift Supervisors, Tech-in-Training, Certified Techs, Wellness Ambassadors Excluded: Store Managers, Assistant Store Managers, Pharmacy Managers, Maintenance			6a. Number of Employees in Unit: 18 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state)		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): November 23, 2018	11c. Election Time(s): 12 p.m. to 1 p.m. AND 5-6 p.m.	11d. Election Location(s):	
12a. Full Name of Petitioner (including local name and number): United Food Commercial Workers (UFCW) Local 655		12b. Address (street and number, city, State and ZIP code): 300 Weidman Road Ballwin MO 63011	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):			
12d. Tel. No.	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Billy Meyers, Organizing Director		13b. Address (street and number, city, State and ZIP code):	
13c. Tel. No. 636-736-2726	13d. Cell No. 314-853-2123	13e. Fax No. 636-394-5006	13f. E-Mail Address bmeyers@ufcw655.org
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Billy Meyers	Signature 	Title Organizing Director	Date 11/02/18

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
14-RC-231241

Date Filed
November 19, 2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer F&H Insulation Sales and Services, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 5003 E 61st St N KS Kechi 67067-9001	
3a. Employer Representative - Name and Title John Pfister		3b. Address (If same as 2b - state same) 5003 E 61st St N KS Kechi 67067-9001	
3c. Tel. No. (316) 264-2208	3d. Cell No.	3e. Fax No. (316) 264-4146	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Construction		4b. Principal product or service Mechanical Insulation, Asbestos Removal	
5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details		5a. City and State where unit is located: Wichita, KS	
		6a. No. of Employees in Unit: 39	
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel No.	8d Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): 12-13-18	11c. Election Time(s): 4:00 PM - 6:00 PM	11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11d. Election Location(s): A neutral location in the Wichita, KS area		
12a. Full Name of Petitioner (including local name and number) Thomas E. Williams International Association of Heat and Frost Insulators and Allied Workers Local 15		12b. Address (street and number, city, state, and ZIP code) 234 N Cleveland Ave KS Wichita 67214-4024

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Association of Heat and Frost Insulators and Allied Workers (AFL-CIO)

12d. Tel No. (330) 770-5573	12e. Cell No. (330) 770-5573	12f. Fax No.	12g. E-Mail Address twilliams@insulators.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title		13b. Address (street and number, city, state, and ZIP code)	
13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Thomas E. Williams	Signature Thomas E. Williams	Title Regional Organizer	Date 11/16/2018 13:14:58
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included

Mechanical Insulators, Metal Men and Asbestos Removers currently employed as of 11-16-18.

Employees Excluded

Scaffold Builders, Painters, Lead Paint Removers, Environmental Inspectors, Insulation Energy Appraisers, Office/Warehouse Personnel and Owners and Supervisors as defined by The Act

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

14-RC-231544

Date Filed

11/23/18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Shred-it / Stericycle	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 629 Lambert Pointe Dr. Hazelwood, Missouri, 63042
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3a. Employer Representative - Name and Title: Mark Sapa	3b. Address (if same as 2b - state same): Same
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3c. Tel. No.: 314-595-5201	3d. Cell No.:	3e. Fax No.:	3f. E-Mail Address: mark.sapa@stericycle.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.):	4b. Principal Product or Service: Document shredding	5a. City and State where unit is located: Hazelwood Missouri
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5b. Description of Unit Involved: Included: See attachment Excluded:	6a. Number of Employees in Unit: 45	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (if no reply received, so state)
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state): None	8b. Address:
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8c. Tel No	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any:	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? No **If so, approximately how many employees are participating?** _____
(Name of Labor Organization) _____ has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (if none, so state)
None

10a. Name	10b. Address	10c. Tel No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s): December 7, 2018	11c. Election Time(s): 6am-9am 3pm-4:30pm	11d. Election Location(s): Employers conference room
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12a. Full Name of Petitioner (including local name and number): Teamsters Local 600	12b. Address (street and number, city, State and ZIP code): 161 Weldon Parkway Maryland Heights, Missouri 63043
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
International Brotherhood of Teamsters

12d. Tel. No. 314-388-4400	12e. Cell No.	12f. Fax No. 314-388-4413	12g. E-Mail Address jkelling@teamsters600.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: John Kelling, Recording Secretary	13b. Address (street and number, city, State and ZIP code): 161 Weldon Parkway Maryland Heights, Missouri 63043
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13c. Tel. No. 314-388-4400	13d. Cell No.	13e. Fax No. 314-388-4413	13f. E-Mail Address jkelling@teamsters600.org
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) John Kelling	Signature 	Title Recording Secretary	Date 11/23/18
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

5b. Description of Unit Involved:

Included:

All full-time and regular part-time off site, on site, lead, swing customer service representative (c.s.r.) route drivers and warehouse employees employed by the Employer at its 629 Lambert Pointe Dr. Hazelwood Missouri facility

Excluded:

All office clerical and professional employees, guards, and supervisors as defined in the act

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

14-RC-232297

Date Filed

December 7, 2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Herzog Transit Services Inc.		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 600 E. 3rd Street MO Kansas City 64106-	
3a. Employer Representative - Name and Title Brian Hadley		3b. Address (If same as 2b - state same) 600 E. 3rd Street MO Kansas City 64106-	
3c. Tel. No. (408) 386-9614	3d. Cell No.	3e. Fax No.	3f. E-Mail Address bhadley@htsi.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Transportation		4b. Principal product or service Streetcar transport in Kansas City, Missouri	
		5a. City and State where unit is located: Kansas City, MO	

5b. Description of Unit Involved		6a. No. of Employees in Unit: 21
Included: See Attached Page 2 for additional details		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Excluded: See Attached Page 2 for additional details		

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel No.	8d Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): January 4, 2019	11c. Election Time(s): 8:00 a.m. to 6 p.m.	11d. Election Location(s): 600 E. 3rd Street, Kansas City, MO 64106
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12a. Full Name of Petitioner (including local name and number) Joe Coddington International Brotherhood of Electrical Workers Local 53	12b. Address (street and number, city, state, and ZIP code) 1100 Admiral Boulevard MO Kansas City 64106-
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Brotherhood of Electrical Workers

12d. Tel No. (816) 421-5464	12e. Cell No. (816) 499-3046	12f. Fax No. (816) 842-1447	12g. E-Mail Address jcoddington@ibewlocal53.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Scott Brown Attorney Blake & Uhlig, P.A.		13b. Address (street and number, city, state, and ZIP code) 475 New Brotherhood Building 753 State Avenue KS Kansas City 66101-	
13c. Tel No. (913) 321-8884	13d. Cell No. (816) 820-1824	13e. Fax No. (913) 321-2396	13f. E-Mail Address slb@blake-uhlig.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Scott Brown	Signature Scott Brown	Title Attorney	Date 12/4/2018 11:43:11
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included

All full and part time streetcar mechanics, operators, laborers, and lead operators, lead mechanics and lead laborers

Employees Excluded

Managers, confidential employees, security guards